



## Rochelle Area Community Foundation 2017 Grant Application

**Grant Amount Requested:** \_\_\_\_\_

Download and complete the application. To return by email: sign, scan and return in .pdf format to: [rochellecommunityfoundation@gmail.com](mailto:rochellecommunityfoundation@gmail.com) or mail to PO Box 74, Rochelle, IL **between February 1 and March 1, 2017.**

Questions may be directed to Executive Director Kim Montgomery at 815-561-3600 or [kim@rochellefoundation.org](mailto:kim@rochellefoundation.org).

**Date of Application:** \_\_\_\_\_

**Name of Organization:** \_\_\_\_\_

**501(c)3 : ID #** \_\_\_\_\_ **OR FEIN #** \_\_\_\_\_

**Contact Person and Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_

(Street/P.O. Box/City/Zip)

**Phone Number:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Website:** \_\_\_\_\_

**Project Title:** \_\_\_\_\_

**Purpose of Grant:** \_\_\_\_\_

**Anticipated Project Dates:** From \_\_\_\_\_ To \_\_\_\_\_

**Total Project Cost:** \$ \_\_\_\_\_ **\*Amount Requested:** \_\_\_\_\_

**\*If the full amount of funding requested is not awarded, we can modify our project or secure additional funding from another source to accomplish our objectives.**

\_\_\_\_ Yes \_\_\_\_ No

**Number served by this program:** \_\_\_\_\_

**Funding Priority:** \_\_\_\_ arts \_\_\_\_ education \_\_\_\_ health and wellness  
\_\_\_\_ community services \_\_\_\_ community development \_\_\_\_ hunger relief

**Signature and title of authorized personnel:** \_\_\_\_\_



## Budget

*Description of Requested Expenses*

*Amount*

1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

**Total Requested Expenses:**

\_\_\_\_\_

*Other Expenses:*

7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____

**Total Project Expenses:**

\_\_\_\_\_

**Other Funding:**

\_\_\_\_\_

(if appropriate)

\_\_\_\_\_

\_\_\_\_\_

**Board of Directors (Please List)**

Please provide the appropriate confirmation of your non-profit status. Scanned copy can be emailed along with application, or mailed to PO Box 74, Rochelle, IL. 61068

\_\_\_\_\_ IRS Letter-501(c)3 OR \_\_\_\_\_ Public tax supported entity

\_\_\_\_\_ Yes, this project provides services in the greater Rochelle area.

Date Submitted: \_\_\_\_\_ By: \_\_\_\_\_

Printed Signature: \_\_\_\_\_

